

Atkins, South Beach, Slim Fast, LA Weight Loss, Body for Life, The Zone, Jenny Craig, Weight Watchers, The Raw Food Diet, Low Carbohydrate, Dr. Phil, Eat Right for Your Type, Sugar Busters – have I left any out? It seems that everywhere I turn, from the Internet to the faculty lounge, someone is talking about dieting and weight loss. Eating disorders, once thought to only affect middle- to upper-class white women, can now be termed “equal opportunity disorders.” No gender, ethnic or socio-economic group is immune to developing an eating disorder. In fact, minority students may be at a greater risk of prolonged suffering from an eating disorder if school counselors, parents, teachers and other educational stakeholders aren’t properly

educated about how eating disorders affect these populations.

Economic issues, access to treatment and cultural attitudes toward psychotherapy have lead eating disorder researchers to use primarily middle-class female participants on college campuses and inpatient treatment centers. Although the study of eating disorders in minority populations is under-researched, it is becoming more of a priority as the minority population is rapidly rising and being pulled into our culture’s adoration of youth, physical appearance and accomplishment. Minorities with eating disorders experience the same feelings of guilt, shame, isolation, pain and struggle as much as their more researched counterparts, and the underestimation of eating dis-

order rates in minority populations could prove deadly.

A Growing Problem

Recent studies on minorities and eating disorders documented by the Renfrew Center, an inpatient eating disorder treatment facility, showed:

- Women of color have many of the same abnormal eating patterns as white females.
- Hispanic women were once thought to be immune to these disorders because they had better body images and different cultural expectations than white women.
- African American women are at risk and suffer from eating disorders in at least the same proportion as white women.

Equal Opportunity Disorders

No longer simply the problem of white, middle-class women, eating disorders today cut across racial, gender and socio-economic lines.

BY JULIA V. TAYLOR, M.A.

- 74 percent of American Indian girls reported dieting and purging with diet pills.
- In Chile, it is estimated that 70,000 women between 14 and 30 years suffer from anorexia nervosa and that 350,000 Chilean women suffer from bulimia nervosa.
- A poll by the Argentine Association to Fight Bulimia and Anorexia indicated that of the 90,000 teenage girls between the ages of 14 and 18 who participated, one in 10 suffers from an eating disorder. It is also estimated that eating disorder rates in Argentina are three times the amount in the United States.
- Eating disorders are one of the most common psychological problems facing young women in Japan.
- Community studies in Hong Kong have indicated that 3 percent to 10 percent of young women suffer from disordered eating to a degree that warrants concern.

The messages students consistently hear from the media are confusing at best. It's not uncommon to hear students discussing body types, dieting, appearance and how to lose weight. An estimated 89 percent of students have been on a diet, 50 percent of them by the fourth grade. "Fat talk" has become such a commonality that it may be hard to distinguish if students have a serious problem or if they are just talking about the same thing everyone else is.

Making a Difference

How can school counselors distinguish normalcy and obsession? Who is more at risk? How can we help?

When eating disorders are mentioned, most people assume the sufferer has a problem with food. However, eating disorders are a group of mental disorders characterized by behavioral disturbances with food. Eating disorders are not about food or weight; they are largely about control. Many factors can contribute to an eating disorder, including low self-esteem, trauma and/or abuse, family dysfunction, depression, transitions, biological vulnerability, social and cultural influences,

perfectionism, the constant need for approval and/or family addiction problems. In addition, Asian, Hispanic, African American and Native American women may have to face painful discrimination and racism.

Three of the most common eating disturbances are anorexia nervosa, bulimia nervosa and binge-eating disorder.

Anorexia nervosa is an overwhelming desire to be thin and an unrealistic fear of becoming overweight. Not all anorexics are grossly underweight. Minority women in particular may appear to be of average weight or just "naturally thin." Generally, people with anorexia are often perfectionists and feel out of control. In an attempt to regain control, avoid feelings and emotions and raise self-esteem, anorexics try to overpower their food and weight. Many are in denial, resistant to help and feel they have ultimate control over the situation.

Bulimia nervosa is a cycle of bingeing, followed by purging. Bingeing can take many different forms but usually involves eating large amounts of food then purging. Purging can be in the form of vomiting, laxative or diuretic abuse, exercise, fasting and/or use of enemas. Many individuals with bulimia have low self-esteem and are searching for approval from others. They associate food with comfort and feel a sense of control when purging. As with anorexia, people suffering from bulimia nervosa may be underweight, average weight or overweight. Bulimia tends to go unnoticed for longer periods because the weight loss may be gradual or nonexistent, and the disorder is highly secretive.

Binge-eating disorder (BED) comprises bingeing similar to bulimia but without the purging behaviors. Many people with BED use food to mask their overwhelming feelings and will eat until uncomfortable. This disorder is becoming more prevalent as our nation grows in size and has been recognized as the fattest nation on the continent. People suffering from BED may feel disgusted, depressed, guilty and ashamed about their behavior and are secretive about eating.

It is estimated that 20 percent of people suffering from eating disorders die each year from medical complications from malnutrition or by suicide. Medical complications from eating disorders could be dry skin, hair loss, amenorrhea, osteoporosis, changes in brain size, weakened heart muscle, low/high blood pressure, type II diabetes, dizziness, fatigue, depression, anxiety, mood swings, damaged teeth, inflammation of throat, dehydration, electrolyte imbalance, headache, kidney failure and/or gastrointestinal problems including rupture. Early intervention and treatment is crucial to successful recovery. All forms of eating disorders should be referred to an outside agency and treated with a combination of psychotherapy, nutritional counseling and medical treatment.

The media are largely responsible for providing people with misinformation about the true nature of an eating disorder. All forms of media generally portray the most severe forms of anorexia. Only about 5 percent of the anorexic population is extremely emaciated. Ignorance from parents and other people involved in the student's life could alter a decision to seek help. School counselors could help prevent this disturbing trend by helping to raise awareness of the prevalence, facts and dangers associated with all forms of eating disorders.

The Minority Effect

Minorities develop eating disorders for the same reasons all suffers do. Low self-esteem, family issues, parents with addiction, relationship problems and a need to feel in control to cope with stress, pain and anger are all underlying issues that may cause children to turn to food to regain lost control. Minorities in particular have many roles to fill, which could leave them vulnerable, confused and at a greater risk for developing an eating disorder.

Culturally, African American women are expected to be strong, assertive and caretakers to a plentiful family. In western civilization, however, they receive the message to be passive, nurturing, sensitive and nonassertive to be considered

feminine. On the other hand, Asian women typically are raised to be nonassertive, passive and family caretakers. Americans may give the message that to move ahead they need to be more assertive and aggressive. It's not uncommon for minority students to perform the family role at home, only to change their look and demeanor upon arriving to school, then quietly slipping back into "family mode" upon arriving home. Role confusion can lead to overwhelming feelings of loss of control, leaving these students at a much greater risk to attempt any measure to reclaim it.

Don't forget the boys. Boys generally measure success in terms of attractiveness, money and achievement. Many boys are becoming increasingly insecure about their physical appearance as advertising and other media images raise the standard and idealize men in a sexualized form. Boys feel similar pressures of physical attractiveness as girls do, but often the pressure manifests

itself in different forms. Instead of diet pills and laxatives, which are more frequently used by women, boys may turn to anabolic steroids and/or dietary supplements to reach a desired physique. Researchers suggest that an alarming trend in muscular action figures is setting unrealistic images for boys, similar to how Barbie dolls portray an unrealistic body image for girls. Ten percent of eating disorder sufferers are reported to be male, but researchers fear that number may be low due to resistance for help.

Although professional school counselors should never attempt to treat an eating disorder, there are many things we can do to help prevent and raise awareness of this deadly mental disorder.

Professional school counselors should:

- Collect concrete, behavioral information about eating disorders.
- Maintain a list of outside referrals and/or eating disorder specialists.
- Pay close attention to the reluctance that may be encountered when

discussing body issues with any group.

- Conduct in-services to provide the school and community with current information about eating disorders.
- Attend professional development sessions focusing on eating disorders and/or body image.
- Show respect for all students who feel they may have a problem.
- Intervene with serious issues with respect and education.
- Immediately notify and educate the parents of students you believe are suffering from an eating disorder.
- Run a small group about positive body image, and help students fight the media's portrayal of unattainable body types.
- Recognize Eating Disorder Awareness week, sponsored by Eating Disorder Awareness and Prevention.

What to Do

Professional school counselors should not:

- Prematurely label a problem.

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University of Northwestern Ohio

- Attempt to treat any eating disorder.
- Attempt to control a student’s food intake.
- Monitor what a student eats.
- Tell a student to “just eat.”
- Feel discouraged if help is rejected.
- Compare eating disorder issues of other students.

As with any form of addiction, there is no cookie-cutter description of an eating disorder. If a student is underweight, it doesn’t necessarily mean a problem exists, and if a student is overweight, it doesn’t necessarily mean a problem doesn’t exist. The rise in prevalence of eating disorders among children and teenagers is alarming. School counselors can listen, support and help to understand where the student is coming from to determine if further intervention is needed.

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For More Information

National Institutes of Health Eating Disorder Handbook

www.nimh.nih.gov/publicat/NIMH_eatingdisorders.pdf

Caring Online

www.caringonline.com

The Renfrew Center

www.renfrewcenter.com

Eating Disorders Online

<http://eatingdisorders.com>

Something Fishy

www.something-fishy.org

Eating Disorder Referral and Information Center

www.edreferral.com

Eating Disorder Awareness and Prevention

www.edap.org

Gurze Books

www.gurze.com

National Association of Anorexia and Associated Disorders

www.anad.org

Academy for Eating Disorders

www.aedweb.org